

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Water Management Administration • Bureau of Mines
160 South Water Street • Frostburg, Maryland 21532
(301) 689-6104 • 1-800-633-6101 • <http://www.mde.state.md.us>

**APPLICATION FOR
RECERTIFICATION OF BLASTERS'
CERTIFICATION**

1. Name: _____
Last First M.I.

2. Address: _____
City: _____ State: _____ Zipcode: _____

3. Age: _____ Date of Birth: _____

4. Color of Eyes: _____ 5. Color of Hair: _____

6. Height: _____ 7. Weight: _____

8. Current Blasters' Certification Number: CB- _____

9. In the last three years, have you had at least one year of blasting experience?

☐ YES ☐ NO

If YES, please have the following certification completed by the employer where this experience was achieved.

This is to certify that _____
Name of Applicant
has had at least one year of blasting experience in the past three years with:

Name of Company: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Telephone No.: _____

Signed: _____ Date: _____

Title: _____

10. I certify that the statements I have made are true and correct to the best of my knowledge.

Signature of Applicant: _____ Date: _____

